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CONFIRMATION NO. 9004

<b>SERIAL NUMBER</b> 10/825,635	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 526	<b>GROUP ART UNIT</b> 1714	<b>ATTORNEY DOCKET NO.</b> 2003B043B
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/686,951 10/15/2003 which claims benefit of 60/418,482 10/15/2002 and claims benefit of 60/460,714 04/04/2003

This application 10/825,635

is a CIP of 10/687,508 10/15/2003

which claims benefit of 60/418,482 10/15/2002

and claims benefit of 60/460,714 04/04/2003

OK KIW

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE KIW

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/25/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>KW</u> Initials	STATE OR COUNTRY OK	SHEETS DRAWING 0	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 1
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## ADDRESS

23455

## TITLE

Blend functionalized polyolefin adhesive

<b>FILING FEE RECEIVED</b> 1332	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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